

Home and Community-Based Services Licensed under Minnesota Statutes, chapter 245D

POLICIES AND PROCEDURES

Home and community-based service providers licensed under Chapter 245D are required to develop and implement policies and procedures in order to ensure the health and safety, exercise and protection of rights, and to ensure continuity in service provision and service coordination of persons served.

Policies are action statements that describe the philosophy or mission of the organization about a particular subject. Each policy establishes a framework for how the organization will provide safe and appropriate treatment or services to the people receiving services. Each policy communicates the expectations the license holder has of its employees and assists these employees in being knowledgeable and well-equipped to perform their job duties.

Providers may maintain policies and procedures in an electronic format if they can ensure policies and procedures are indexed with a table of contents or another method approved by the Commissioner and that they are accessible to staff.

License holders may use the DHS sample documents as a template for their programs. . Visit the DHS Licensing website at www.DHS.state.mn.us/Licensing. Select DHS Licensed Programs and then select Home and Community-Based Services to access the sample policies and forms. License holders are responsible for ensuring any documents they use conforms to current licensing requirements.

Required Policies for Programs Providing Basic Support Services

- Drug and Alcohol Prohibition
- Vulnerable Adults Maltreatment Reporting and Internal Review
- Maltreatment of Minors Reporting and Internal Review
- Grievance
- Service Suspension and Termination
- Emergency Use of Manual Restraint (EUMR)

Required Policies for Programs Providing Intensive Support Services

- Drug and Alcohol Prohibition
- Vulnerable Adults Maltreatment Reporting and Internal Review
- Maltreatment of Minors Reporting and Internal Review
- Grievance
- Service Suspension and Termination
- Emergency Use of Manual Restraint (EUMR)
- Universal Precautions
- Health Service Coordination (if operating a residential program)
- Safe Medication Assistance and Administration
- Safe Transportation
- Emergency Response, Reporting, and Review
- Incident Response, Reporting, and Review
- Data Privacy
- Admission Criteria

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Self-Monitoring Checklist**

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LAW / RULE CITE	LICENSING STANDARD	Standard Met (+) Not met (-)	NOTES
245A.04 , Subd. 1	<u>Prohibition On Being Under The Influence</u> The license holder developed a policy prohibiting the abuse of prescription drugs or being under the influence while providing services or care to persons served by the program.		
245A.04, Subd. 1, (c)	The license holder had a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care.		
245D.10	<u>Program Policies and Procedures</u> The license holder established, enforced, and maintained policies and procedures as required.		
245D.10, Subd. 2 BASIC & INTENSIVE	<p><u>COMPLAINT PROCEDURES</u> The license holder established policies and procedures that promoted service recipient rights by providing a simple complaint process for persons served by the program and their authorized representatives to bring a grievance.</p> <p>(1) The policy required the license holder to provide staff assistance with the complaint process when requested, and the addresses and telephone numbers of outside agencies to assist the person.</p> <p>(2) The policy required the license holder to allow the person to bring the complaint to the highest level of authority in the program if the grievance cannot be resolved by other staff members, and that provided the name, address, and telephone number of that person; <i>[The person designated in the policy as having the highest level of authority in the program must actually have the highest level authority to make decisions for the program. This may be a CEO or equivalent position. It is not required that this person be the license holder or a controlling individual or owner.]</i></p> <p>(3) The policy required the license holder to promptly respond to all complaints affecting a person's health and safety. For all other complaints [not affecting a person's health and safety], the license holder must provide an initial response within 14 calendar days of receipt of the complaint. All complaints must be resolved within 30 calendar days of receipt or the license holder must document the reason for the delay and a plan for resolution.</p>		

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	<p><u>Complaint Review</u> (4) The policy required the license holder to complete a complaint review that included an evaluation of whether:</p> <p>(i) related policies and procedures were followed and adequate;</p> <p>(ii) there is a need for additional staff training;</p> <p>(iii) the complaint is similar to past complaints with the persons, staff, or services involved; and</p> <p>(iv) there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.</p> <p>(5) The policy required the license holder, based on the review, to develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.</p> <p><u>Complaint Summary</u> (6) The policy required the license holder to provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:</p> <p>(i) identified the nature of the complaint and the date it was received;</p> <p>(ii) included the results of the complaint review; and</p> <p>(iii) identified the complaint resolution, including any corrective action.</p> <p><u>Complaint Record Keeping</u> (7) The policy required that the license holder maintain the complaint summary and resolution notice in the service recipient record.</p>		
245D.10, Subd. 3, (a) and (b)	<p>TEMPORARY SERVICE SUSPENSION The license holder must establish policies and procedures for temporary service suspension that promote continuity of care and service coordination with the person and the case manager and with other licensed caregivers, if any, who also provide support to the person.</p> <p>This policy must include requirements specified in paragraphs (b) to (f):</p>		
245D.10, Subd. 3, (b)	The license holder must limit temporary service suspension to situations in which:		

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	<p>(1) the person's conduct poses an imminent risk of physical harm to self or others and either positive support strategies have been implemented to resolve the issues leading to the temporary service suspension but have not been effective and additional positive support strategies would not achieve and maintain safety, or less restrictive measures would not resolve the issues leading to the suspension;</p> <p>(2) the person has emergent medical issues that exceed the license holder's ability to meet the person's needs; or</p> <p>(3) the program has not been paid for services.</p>		
<p>245D.10, Subd. 3, (c)</p>	<p>Prior to giving notice of temporary service suspension, the license holder must document actions taken to minimize or eliminate the need for service suspension. Action taken by the license holder must include, at a minimum:</p> <p>(1) consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and</p> <p>(2) a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to temporary suspensions issued under paragraph (b), clause (3).</p> <p>If, based on the best interests of the person, the circumstances at the time of the notice were such that the license holder was unable to take the action specified in clauses (1) and (2), the license holder must document the specific circumstances and the reason for being unable to do so.</p>		
<p><u>245D.10</u>, Subd. 3, (d)</p>	<p>(1) The license holder must notify the:</p> <ul style="list-style-type: none"> — person or the legal representative and — case manager <p>in writing of the intended temporary service suspension.</p> <p>If the temporary service suspension is from residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the license holder must also notify the commissioner in writing.</p>		

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	(2) Notice of temporary service suspension must be given on the first day of service suspension; and		
	(3) the notice must include the reason for the action, a summary of actions taken to minimize or eliminate the need for temporary service suspension as required under this paragraph, and why these measures failed to prevent the suspension.		
245D.10, Subd. 3, (e)	During the temporary suspension period, the license holder must:		
	(1) provide information requested by the person or case manager;		
	(2) work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care; and		
	(3) maintain information about the service suspension, including the written notice of temporary service suspension, in the service recipient record.		
245D.10, Subd. 3, (f)	If, based on a review by the person's support team or expanded support team, that team determines the person no longer poses an imminent risk of physical harm to self or others, the person was given the right to return to receiving services.		
	If, at the time of the service suspension or at any time during the suspension, the person is receiving treatment related to the conduct that resulted in the service suspension, the support team or expanded support team considered the recommendation of the licensed health professional, mental health professional, or other licensed professional involved in the person's care or treatment when determining whether the person no longer poses an imminent risk of physical harm to self or others and can return to the program.		
245D.10, Subd. 3, (f)	If the support team or expanded support team makes a determination that is contrary to the recommendation of a licensed professional treating the person, the license holder must document the specific reasons why a contrary decision was made.		
245D.10, Subd. 3a, (a) SERVICE TERMINATION	SERVICE TERMINATION The license holder must establish policies and procedures for service termination that promote continuity of care and service coordination with the person and the case manager and with other licensed caregivers, if any, who also provide support to the person. This policy must include requirements specified in paragraphs (b) to (f):		

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245D.10. Subd. 3a, (b)	The license holder must permit each person to remain in the program and must not terminate services unless:		
	(1) the termination is necessary for the person's welfare and the person's needs cannot be met in the facility;		
	(2) the safety of the person or others in the program is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for the person or others;		
	(3) the health of the person or others in the program would otherwise be endangered;		
	(4) the program has not been paid for services;		
	(5) the program ceases to operate; or		
	(6) the person has been terminated by the lead agency from waiver eligibility.		
245D.10. Subd. 3a, (c)	Prior to giving notice of service termination, the license holder must document actions taken to minimize or eliminate the need for termination. Action taken by the license holder must include, at a minimum:		
	(1) consultation with the person's support team or expanded support team to identify and resolve issues leading to issuance of the notice; and		
	(2) a request to the case manager for intervention services identified in section 245D.03, subdivision 1, paragraph (c), clause (1), or other professional consultation or intervention services to support the person in the program. This requirement does not apply to notices of service termination issued under paragraph (b), clause (4).		
	If, based on the best interest of the person, the circumstances at the time of the notice were such that the license holder was unable to take the action specified in clauses (1) and (2), the license holder must document the specific circumstances and the reason for being unable to do so.		
245D.10. Subd. 3a, (d)	The notice of service termination must meet the following requirements:		
	(1) the license holder must notify the ___ person or the person's ___ legal representative and the ___ case manager in writing of the intended service termination.		

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	<ul style="list-style-type: none"> If the service termination is from a residential supports and services as defined in section 245D.03, subdivision 1, paragraph (c), clause (3), the license holder must also notify the commissioner in writing; 		
	(2) the notice must include:		
	(i) the reason for the action;		
	(ii) except for a service termination under paragraph (b), clause (5), a summary of actions taken to minimize or eliminate the need for service termination or temporary service suspension as required under paragraph (c), and why these measures failed to prevent termination or suspension;		
	(iii) the person's right to appeal the termination of services under section 256.045, subdivision 3, paragraph (a); and		
	(iv) the person's right to seek a temporary order staying the termination of services according to the procedures in 256.045, subdivision 4a, paragraph (c).		
245D.10. Subd. 3a, (e)	Notice of the proposed termination of service, including those situations that began with a temporary service suspension, must be given at least 60 days prior to termination when a license holder is providing intensive supports and services identified in section 245D.03, subdivision 1, paragraph (c), and 30 days prior to termination for all other services licensed under this chapter. This notice may be given in conjunction with a notice of temporary service suspension under subdivision 3.		
245D.10. Subd. 3a, (f)	During the service termination notice period, the license holder must:		
	(1) work with the support team or expanded support team to develop reasonable alternatives to protect the person and others and to support continuity of care;		
	(2) provide information requested by the person or case manager; and		
	(3) maintain information about the service termination, including the written notice of intended service termination, in the service recipient record.		

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245D.11	<p>Program Policies and Procedures The license holder, WHO PROVIDES INTENSIVE SUPPORT SERVICES as identified in Minnesota Statutes, section 245D.03, subdivision 1, paragraph (c), established, enforced, and maintained policies and procedures as required.</p>		
<p>245D.11, Subd. 2</p> <p>REQUIRED FOR INTENSIVE SUPPORT SERVICES</p>	<p>HEALTH AND SAFETY The license holder established policies and procedures that promoted health and safety.</p> <hr/> <p>Universal Precautions and Sanitary Practices (1) The license holder established a policy and procedures for health through sanitary practices to ensure the use of universal precautions and sanitary practices in compliance with section 245D.06, subdivision 2, clause (5).</p> <hr/> <p>Health Service Coordination (2) The license holder who operated a residential program established a policy and procedures to ensure health service coordination and care according to the requirements in section 245D.05, subdivision 1.</p> <hr/> <p>Medication Assistance and Administration (3) The license holder established a policy and procedures to ensure safe medication assistance and administration according to the requirements in section 245D.05, subdivisions 1a, 2, and 5 and 245D.051.</p> <hr/> <p>The policy and procedures were established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor.</p>		
	<p>The policy and procedures required completion of medication administration training according to the requirements in section 245D.09, subdivision 4a, paragraph (d) [Review and instruction on medication administration procedures with successful completion of a medication administration training].</p> <hr/> <p>The policy and procedures incorporated an observed skill assessment to ensure staff demonstrated the ability to safely and correctly follow medication procedures. [The observed skill assessment must be completed after training has been completed and may be conducted by a designated staff person or a health services professional.]</p>		

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	<p>This requires that staff have first:</p> <ul style="list-style-type: none"> ▪ reviewed and received instruction on medication administration procedures as required under section 245D.05, subd. 1, (b); ▪ successfully completed training on medication administration procedures from a curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician [This training may be taught by a designated staff person or a health services professional.]; and ▪ successfully completed training on medication administration procedures taught by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician if, at the time of service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires (1) specialized or intensive medical or nursing supervision; and (2) nonmedical service providers to adapt their services to accommodate the health and safety needs of the person. 		
	Medication assistance and administration included, but was not limited to:		
	(i) Providing medication-related services for a person;		
	(ii) Medication setup;		
	(iii) Medication administration;		
	(iv) Medication storage and security;		
	(v) Medication documentation and charting;		
	(vi) Verification and monitoring of effectiveness of systems to ensure safe medication handling and administration;		
	(vii) Coordination of medication refills;		
	(viii) Handling changes to prescriptions and implementation of those changes;		
	(ix) Communicating with the pharmacy; and		
	(x) Coordination and communication with prescriber.		

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245D.06 Subd. 2	<p><u>Safe Transportation</u></p> <p>(4) The license holder established a policy and procedures to ensure safe transportation, when the license holder was responsible for transportation of consumers, with provisions for handling emergency situations according to the requirements in section 245D.06, subdivision 2, clauses (2) to (4).</p> <p><i>[Some safety issues are general and should be addressed directly in the policy. Some issues may be specific to individual consumers, behavioral concerns, consumers who use wheelchairs, etc., and may be addressed the individual program abuse and prevention plan or CSSP addendum. License holders serving multiple consumers with the same or similar needs may want to incorporate general safety precautions in the safe transportation policy.]</i></p>		
	<p>The safe transportation policy and procedures included:</p> <p>(2) Maintaining equipment, vehicles, supplies, and materials owned or leased by the license holder in good condition when used to provide services;</p>		
	<p>(3) Following procedures to ensure safe transportation, handling, and transfers of a person and any equipment used by a person, when the license holder is responsible for transportation of a person or a person's equipment; and</p>		
	<p>(4) Being prepared for emergencies and following emergency response procedures to ensure a person's safety in an emergency.</p>		

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245D.11, Subd. 2	<p>Safety In Emergencies</p> <p>(5) The license holder established a policy and procedures to ensure safety of persons served by the program in emergencies as defined in section 245D.02, subdivision 8, and procedures for staff to report emergencies to the license holder.</p> <p>A license holder with a community residential setting or a day service facility license must ensure the policy and procedures comply with the requirements in section 245D.22, subdivision 4 [A staff person trained in first aid available on site, a staff person trained in CPR when required, and first aid kits readily available].</p> <p><i>[Pandemic Planning: Under section 245A.04, subdivision 15, upon request, the license holder must cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak as required. License holders are not required to develop a response plan in the event of a pandemic; however, they must be aware of this requirement and be prepared to respond as directed should a pandemic occur.]</i></p>		
	<p>The policy and procedures included staff response and reporting for an emergency which means any event that affects the ordinary daily operation of the program including, but not limited to:</p> <p><i>Fires [that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours];</i></p>		
	<p><i>Severe weather [that requires calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours];</i></p>		
	<p><i>Natural disasters [that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours];</i></p>		
	<p><i>Power failures [that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours]; or</i></p>		

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	Other events that threaten the immediate health and safety of a person receiving services and that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.		
	<u>Incident Response</u>		
	(6) The license holder established a policy and procedures to ensure there was a plan for responding to all incidents, as defined in section 245D.02 , subdivision 11.		
	The policy and procedure included responding to all incidents, including:		
	Serious injury as determined by section 245.91 , subdivision 6, including:		
	fractures;		
	dislocations;		
	evidence of internal injuries;		
	head injuries with loss of consciousness;		
	lacerations involving injuries to tendons or organs, and those for which complications are present;		
	extensive second-degree or third-degree burns, and other burns for which complications are present;		
	extensive second-degree or third-degree frostbite, and others for which complications are present;		
	irreversible mobility or avulsion of teeth;		
	injuries to the eyeball;		
	ingestion of foreign substances and objects that are harmful;		
	near drowning;		
	heat exhaustion or sunstroke; and		
	all other injuries considered serious by a physician.		
	A person's death;		

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	Any medical emergencies, unexpected serious illnesses, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization;		
	Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team;		
	An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department;		
	A person's unauthorized or unexplained absence from the program;		
	Conduct by a person receiving services against another person receiving services that:		
	is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;		
	places the person in actual and reasonable fear of harm;		
	places the person in actual and reasonable fear of damage to property of the person; or		
	substantially disrupts the orderly operation of the program;		
	Any sexual activity between persons receiving services involving force or coercion as defined under section 609.341 , subdivisions 3 and 14; or		
	Any emergency use of manual restraint as identified in section 245D.061; or		
	A report of child or vulnerable adult maltreatment under section 626.556 or 626.557 .		
	The incident responding policy and procedures included:		
	(i) The contact information of a source of emergency medical care and transportation; and		
	(ii) Required staff to first call 911 when the staff believed a medical emergency was life threatening, or to call the mental health crisis intervention team when the person was experiencing a mental health crisis.		

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245D.11, Subd. 2, (7)	<u>Incident Reporting</u> (7) The license holder established a policy and procedures to ensure there was a plan for reporting all incidents, required to be reported according to section 245D.06 , subdivision 1.		
245D.06, Subd. 1, (b)	<u>Incident reporting procedures</u> The license holder developed a policy and procedures that required the license holder to maintain information about incidents; and <p style="margin-left: 40px;">to report incidents within 24 hours of discovery or receipt of information that an incident occurred, unless the license holder has reason to know that the incident has already been reported, or as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.</p> <p style="margin-left: 40px;">person's legal representative or designated emergency contact; and</p> <p style="margin-left: 40px;">case manager.</p>		
245D.06, Subd. 1, (c)	<u>Maintaining privacy</u> The policy and procedures required the license holder to maintain privacy. For incidents involving more than one person, the procedures did not allow the disclosure of personally identifiable information about any other person [<i>this includes initials of consumer names</i>] when making the report to each person and case manager unless the license holder has the consent of the person.		
245D.06, Subd. 1, (d)	<u>Reporting suspected or alleged maltreatment</u> The policy and procedures required that within 24 hours of reporting maltreatment as required under section 626.556 or 626.557 . The procedures required the license holder to inform the: <p style="margin-left: 40px;">case manager of the report</p> <p style="margin-left: 40px;">unless there was reason to believe that the case manager was involved in the suspected maltreatment.</p> <p>The procedure required the license holder to disclose information about:</p> <p style="margin-left: 40px;">the nature of the activity or occurrence reported; and</p> <p style="margin-left: 40px;">the agency that received the report.</p>		

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245D.06, Subd. 1, (e)	<p><u>Reporting death or serious injury</u> The policy and procedures required the license holder to report a death or serious injury of a person:</p> <p>To the DHS Licensing Division; or <i>When a death or serious injury occurred in a facility certified as an intermediate care facility for persons with developmental disabilities (ICF/DD), the death or serious injury was reported to the Department of Health, Office of Health Facility Complaints.</i></p> <p>To the Ombudsman for Mental Health and Developmental Disabilities, as required under Minnesota Statutes, section 245.94, subdivision 2a; and</p> <p>Within 24 hours of the death or serious injury or within 24 hours of receipt of the information that the death or serious injury occurred, unless the license holder has reason to know that the death or serious injury has already been reported.</p>		
245D.06, Subd. 1, (h)	<p><u>Emergency use of manual restraint</u> The policy and procedures required the license holder to verbally report the emergency use of manual restraint (EUMR) of a person. The procedures required the license holder to report:</p> <p>within 24 hours of the occurrence; and</p> <p>ensure the written report and internal review of all incident reports of the emergency use of manual restraints were completed according to the requirements in section 245D.061.</p>		
245D.06, Subd. 1, (g)	<p><u>Internal Review of Deaths and Serious Injuries</u> The policy and procedures required the license holder to conduct an internal review of incident reports of deaths and serious injuries that occurred while services were being provided and that were not reported by the program as alleged or suspected maltreatment, for identification of incident patterns, and implementation of corrective action as necessary to reduce occurrences.</p> <p>The review must include an evaluation of whether:</p> <p>related policies and procedures were followed;</p> <p>the policies and procedures were adequate;</p> <p>there is a need for additional staff training;</p>		

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245D.11, Subd. 2. (7)	the reported event is similar to past events with the persons or the services involved; and		
	whether there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.		
	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.		
	<u>Incident and Emergency Review</u> The policies and procedures for the review of incidents and emergencies required the license holder to:		
	identify trends or patterns, and		
	corrective action if needed.		
	<u>Incident and Emergency Record Keeping</u> The policies and procedures required the license holder to establish and maintain a record-keeping system for the incident and emergency reports.		
	The policies and procedures required the license holder to establish have an incident and emergency report file for each occurrence which contains a written summary of the incident or emergency.		
	The policies and procedures required the license holder to conduct a review of incident and emergency reports for identification of incident patterns, and implementation of corrective action as necessary to reduce occurrences. Each incident and emergency report will include:		
	(i) the name of the person or persons involved in the incident. It is not necessary to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident;		
(ii) the date, time, and location of the incident or emergency;			
(iii) a description of the incident or emergency;			

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	<p>(iv) a description of the response to the incident or emergency and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;</p> <p>(v) the name of the staff person or persons who responded to the incident or emergency; and</p> <p>(vi) the determination of whether corrective action is necessary based on the results of the review.</p>		
245D.11, Subd. 3	<p><u>DATA PRIVACY</u> The license holder established policies and procedures that promoted service recipient rights by ensuring data privacy according to the requirements in:</p> <p>(1) the Minnesota Government Data Practices Act, section 13.46, and all other applicable Minnesota laws and rules in handling all data related to the services provided; and</p> <p>(2) the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent that the license holder performs a function or activity involving the use of protected health information as defined under Code of Federal Regulations, title 45, section 164.501, including, but not limited to, providing health care services; health care claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management; practice management; repricing; or as otherwise provided by Code of Federal Regulations, title 45, section 160.103. The license holder must comply with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, Code of Federal Regulations, title 45, parts 160 to 164, and all applicable requirements.</p>		
245D.11, Subd. 4	<p><u>ADMISSION CRITERIA</u> The license holder established policies and procedures that promoted continuity of care by ensuring that admission or service initiation criteria:</p> <p>(1) Was consistent with the license holder's registration information identified in the requirements in section 245D.031, subdivision 2, and with the service-related rights identified in section 245D.04, subdivisions 2, clauses (4) to (7), and 3, clause (8);</p> <p>(2) Identified the criteria to be applied in determining whether the license holder can develop services to meet the needs specified in the person's coordinated service and support plan;</p>		

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	<p>(3) Required a license holder providing services in a health care facility to comply with the requirements in section 243.166, subdivision 4b, to provide notification to residents when a registered predatory offender is admitted into the program or to a potential admission when the facility was already serving a registered predatory offender. For purposes of this clause, "health care facility" means a facility licensed by the commissioner as a residential facility under chapter 245A to provide adult foster care or residential services to persons with disabilities; and</p> <p>(4) Required that when a person or the person's legal representative requests services from the license holder, a refusal to admit the person must be based on an evaluation of the person's assessed needs and the license holder's lack of capacity to meet the needs of the person.</p> <p>The license holder must not refuse to admit a person based solely on the type of residential services the person was receiving, or solely on the person's severity of disability, orthopedic or neurological handicaps, sight or hearing impairments, lack of communication skills, physical disabilities, toilet habits, behavioral disorders, or past failure to make progress.</p> <p>Documentation of the basis for refusal will be provided to the person or the person's legal representative and case manager upon request.</p>		
<u>245D.061</u> , Subd. 9	<p><u>Emergency Use Of Manual Restraints</u> The license holder had a written policy on emergency use of manual restraints specified the required elements.</p>		
245D.061, Subd. 9	<p>The license holder developed, documented, and implemented a policy and procedures that promoted service recipient rights and protected health and safety during the emergency use of manual restraints. The policy and procedures complied with the requirements of this section and specified the following:</p>		
	<p>(1) A description of the positive support strategies and techniques staff must use to attempt to de-escalate a person's behavior before it poses an imminent risk of physical harm to self or others;</p> <p>(2) A description of the types of manual restraints the license holder allows staff to use on an emergency basis, if any.</p>		

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	<p>If the license holder will not allow the emergency use of manual restraint, the policy and procedure must identify the alternative measures the license holder will require staff to use when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies would not achieve safety;</p>		
	(3) Instructions for safe and correct implementation of the allowed manual restraint procedures;		
	(4) The training that staff must complete and the timelines for completion, before they may implement an emergency use of manual restraint.		
	<p>In addition to the training on this policy and procedure and the orientation and annual training required in section 245D.09, subdivision 4, the training for emergency use of manual restraint must incorporate the following subjects:</p>		
	(i) alternatives to manual restraint procedures, including techniques to identify events and environmental factors that may escalate conduct that poses an imminent risk of physical harm to self or others;		
	(ii) de-escalation methods, positive support strategies, and how to avoid power struggles;		
	(iii) simulated experiences of administering and receiving manual restraint procedures allowed by the license holder on an emergency basis;		
	(iv) how to properly identify thresholds for implementing and ceasing restrictive procedures;		
	(v) how to recognize, monitor, and respond to the person's physical signs of distress, including positional asphyxia;		
	(vi) the physiological and psychological impact on the person and the staff when restrictive procedures are used;		
	(vii) the communicative intent of behaviors; and		
	(viii) relationship building.		
	(5) the procedures and forms to be used to monitor the emergency use of manual restraints, including what must be monitored and the frequency of monitoring per each incident of emergency use of manual restraint, and the person or position who is responsible for monitoring the use;		

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	<p>(6) the instructions, forms, and timelines required for completing and submitting an incident report by the person or persons who implemented the manual restraint; and</p> <p>(7) the procedures and timelines for conducting the internal review and the expanded support team review, and the person or position responsible for completing the reviews and for ensuring that corrective action is taken or the person's coordinated service and support plan addendum is revised, when determined necessary.</p>		
<p>245A.65, Subd. 1</p>	<p>Reporting Vulnerable Adult Maltreatment The license holder established written policies and procedures related to suspected or alleged maltreatment of vulnerable adults as required.</p>		
<p>245A.65, Subd. 1</p>	<p>The license holder who served vulnerable adults established written policies and procedures related to suspected or alleged maltreatment.</p>		
<p>245A.65 Subd. 1 626.557, Subd. 4a</p>	<p>Internal Reporting The license holder established a procedure for the internal reporting of maltreatment that included the requirements of this section.</p>		
<p>245A.65 Subd. 1 626.557, Subd. 4a, (a)</p>	<p>The license holder established an ongoing written procedure in compliance with applicable licensing rules [chapters 245A and 245D] and internal reporting policies and procedures in section 626.557, subdivision 4a to ensure that all cases of suspected maltreatment are reported.</p> <p>The internal reporting procedure allowed a mandated reporter to meet the reporting requirements of this section by reporting internally. However, the facility remained responsible for complying with the immediate reporting requirements of section 626.557.</p>		
<p>626.557, Subd. 4a, (b)</p>	<p>The internal reporting procedure required the license holder to give a mandated reporter making an internal report a written notice stating whether the facility had reported the incident to the common entry point.</p> <p>The internal reporting procedure required that a written notice must be provided within two working days and in a manner that protects the confidentiality of the reporter.</p>		
<p>626.557, subd. 4a, (c)</p>	<p>The internal reporting procedure required that the written response to the mandated reporter must note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.</p>		

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626.557, subd. 4a, (d)	The internal reporting procedure stated that the license holder may not prohibit a mandated reporter from reporting externally, and a facility [license holder] is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith.		
	The internal reporting procedure required that the written notice by the facility [license holder] must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.		
245A.65, Subd. 1, (a), (2)	The internal reporting procedure identified the primary and secondary person or position to whom internal reports may be made and the primary and secondary person or position responsible for forwarding internal reports to the common entry point as defined in section 626.5572 , subdivision 5.		
	The internal reporting procedure required that the secondary person be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment.		
245A.65, Subd. 1, (b)	(1) The license holder established and maintained policies and procedures to ensure that an internal review is completed within 30 calendar days and		
	that corrective action is taken as necessary to protect the health and safety of vulnerable adults		
	when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.		
	The internal review policy and procedures required a review that includes an evaluation of:		
	whether related policies and procedures were followed,		
	whether the policies and procedures were adequate,		
	whether there is a need for additional staff training,		
	whether the reported event is similar to past events with the vulnerable adults or the services involved, and		
whether there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.			

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	<p>Based on the results of this review, the license holder must develop,</p> <p>document, and</p> <p>implement a corrective action plan</p> <p>designed to correct current lapses and</p> <p>prevent future lapses in performance by individuals or the license holder, if any.</p> <p>(2) The internal review policy and procedures identifies the primary and secondary person or position who will ensure that, when required, internal reviews are completed.</p> <p>The internal review policy and procedures requires that the secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and</p> <p>(3) The internal review policy and procedures requires the license holder to document and make internal reviews accessible to the commissioner immediately upon the commissioner's request.</p> <p>For purposes of this section, the documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.</p>		
<p>245A.66, Subd. 1</p>	<p><u>Maltreatment of Minors Internal Review</u> The license holder established a procedure for the internal review of maltreatment of minors.</p>		
	<p>(1) The license holder established and maintained policies and procedures to ensure that an internal review was completed within 30 calendar days and that corrective action would be taken if necessary to protect the health and safety of children in care when the license holder has reason to know that an internal or external report of alleged or suspected maltreatment has been made.</p> <p>The internal review policies and procedures required a review that includes an evaluation of:</p> <p>whether related policies and procedures were followed,</p> <p>whether the policies and procedures were adequate,</p>		

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	<p>whether there is a need for additional staff training,</p> <p>whether the reported event is similar to past events with the children or the services involved, and</p> <p>whether there is a need for corrective action by the license holder to protect the health and safety of the children in care.</p> <p>Based on the results of this review, the license holder must develop,</p> <p>document, and</p> <p>implement a corrective action plan</p> <p>designed to correct current lapses and</p> <p>prevent future lapses in performance by individuals or the license holder, if any.</p> <p>(2) The internal review policies and procedures identifies the primary and secondary person or position who will ensure that, when required, internal reviews are completed.</p>		
	<p>The internal review policy and procedures requires that the secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment; and</p> <p>(3) The internal review policy and procedures requires the license holder to document that the review has been completed and provide documentation showing the review was completed to the commissioner immediately upon the commissioner's request.</p> <p>For purposes of this section, the documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.</p>		
<u>245D.10,</u> Subd. 4	<u>Availability Of Current Written Policies And Procedures</u> The license holder ensured the availability of current written policies and procedures as required.		
245D.10, Subd. 4,(a)	The license holder reviewed and updated, as needed, the written policies and procedures required in Minnesota Statutes, chapter 245D.		

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245D.10, Subd. 4, (b)	(1) The license holder informed the person and case manager of the policies and procedures affecting a person's rights under Minnesota Statutes, section 245D.04, and provided copies of those policies and procedures, within five working days of service initiation.		
	(2) If the license holder only provided basic services and supports, this included the: <ul style="list-style-type: none"> ▪ grievance policy and procedure required under subdivision 2; and ▪ service suspension and termination policy and procedure required under subdivision 3. 		
	(3) For all other license holders this includes the: <ul style="list-style-type: none"> ▪ grievance policy and procedure required under subdivision 2; and ▪ service suspension and termination policy and procedure required under subdivision 3; ▪ emergency use of manual restraints policy and procedure required under section 245D.061, subdivision 9, or successor provisions; and ▪ data privacy requirements under section 245D.11, subdivision 3. 		
245D.10, Subd. 4, (c)	The license holder provided a written notice to all persons or their legal representatives and case managers at least 30 days before implementing any procedural revisions to policies affecting a person's service-related or protection-related rights under section 245D.04 and maltreatment reporting policies and procedures. This includes the following policies and procedures listed above.		
	The notice explained the revision that was made and included a copy of the revised policy and procedure.		
	The license holder documented the reasonable cause for not providing the notice at least 30 days before implementing the revisions.		
245D.10, Subd. 4, (d)	Before implementing revisions to required policies and procedures, the license holder informed all employees of the revisions and provided training on implementation of the revised policies and procedures.		
245D.10, Subd. 4, (e)	The license holder annually notified all persons, or their legal representatives, and case managers of any procedural revisions to policies and procedures under chapter 245D, other than those in paragraph (c) [Service-related or protection-related rights policies and procedures].		

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	Upon request, the license holder provided the person, or the person's legal representative, and case manager copies of the revised policies and procedures.		
245A.04 , Subd. 14	Monitoring Implementation & Staff Access The license holder developed program policies and procedures necessary to maintain compliance with licensing requirements under Minnesota Statutes and Minnesota Rules.		
245A.04, Subd. 14, (b), (3)	The license holder monitored implementation by program staff of the policies and procedures necessary to maintain compliance with licensing requirements under Minnesota Statutes and Minnesota Rules.		
245A.04, Subd. 14, (c)	The license holder kept program policies and procedures readily accessible to staff and indexed the policies and procedures with a table of contents or another method approved by the commissioner. <ul style="list-style-type: none"> ▪ 245D license holders are required to meet the policy and procedures requirements in chapter 245A as identified section 245D.03, subd. 2, (a). 		